

To:
All Providers
HMOs and Other
Managed Care
Programs

New Wisconsin Medicaid Provider Materials Order Form

This *Wisconsin Medicaid and BadgerCare Update* explains the procedures for ordering additional Wisconsin Medicaid provider handbooks and binders using the new Provider Materials Order Form.

Ordering Wisconsin Medicaid provider handbooks

Wisconsin Medicaid has issued a new Provider Materials Order Form. Providers may order additional paper and CD-ROM (where available) copies of provider handbooks by obtaining, completing, and returning the Provider Materials Order Form with appropriate payment. For each handbook ordered, providers will also receive any applicable *Wisconsin Medicaid and BadgerCare Updates* that have updated the handbook policy information.

Providers may obtain the Provider Materials Order Form on the Wisconsin Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Providers without Internet access may obtain the form by e-mail or by contacting Provider Services at (800) 947-9627 or (608) 221-9883 to request a paper copy of the order form.

Because availability and pricing of handbooks may change without notice, providers should obtain a new copy of the form each time they order handbooks to ensure they have a complete list of available handbooks.

In addition to the order form, providers may also view and print copies of Wisconsin Medicaid provider handbooks and *Updates* on the Wisconsin Medicaid Web site.

Locating the order form on the Wisconsin Medicaid Web site

To find the Provider Materials Order Form on the Wisconsin Medicaid Web site:

1. Choose "Providers" on the main menu of the Medicaid Web site home page at www.dhfs.state.wi.us/medicaid/.
2. Go to the "Provider Publications and Forms" topic area in the list of topics on the left side of the screen. Click on "Provider Handbooks."
3. Select "Provider Materials Order Form."
4. Double click on the printer icon near the top of the screen, or select the commands "File" and then "Print" to print the form.

Obtaining the order form using e-mail

Providers with e-mail may receive the order form in Portable Document Format (PDF) via e-mail, even if they do not have Internet access. Providers who wish to use this option may send an e-mail to the following address: HCF1179@wimedicaid.org. This e-mail should not include any text (e.g., policy questions, requests for materials, claims status inquiries), as the response containing the PDF file is generated automatically and will not

contain answers to questions or fulfill requests for other information. Providers will receive a reply, via e-mail, containing the PDF form within one business day of the request. The PDF form may then be printed or shared electronically with others.

Adobe Acrobat Reader® is needed to view PDF files. The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site and information on approximate download times based on file size at www.dhfs.state.wi.us/medicaid/reader.htm.

Information regarding Medicaid HMOs

Wisconsin Medicaid provider handbooks contain Medicaid fee-for-service policy and apply to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care publications, contact the appropriate managed care organization.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Sample Wisconsin Medicaid Provider Materials Order Form

Because availability and pricing may change without notice, do not photocopy this form. Obtain a new copy of the form from the Medicaid Web site at www.dhfs.state.wi.us/medicaid4/forms/ for every order. Providers with e-mail may receive the order form in Portable Document Format (PDF) by sending an e-mail to the following address:

HCF1179@wimedicaid.org. For those who do not have Internet access or e-mail, call Provider Services at (800) 947-9627 or at (608) 221-9883 to obtain a copy of the form.

(A copy of the Wisconsin Medicaid Provider Materials Order Form is located on the following pages.)

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**WISCONSIN MEDICAID
 PROVIDER MATERIALS ORDER FORM**

The Wisconsin Medicaid Program requires information to enable the Medicaid program to certify providers and to authorize and pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Because availability and pricing may change without notice, do not photocopy this form. Obtain a new copy of the form from the Medicaid Web site at www.dhfs.state.wi.us/medicaid4/forms/ for every order. Providers with e-mail may receive the order form in Portable Document Format (PDF) by sending an e-mail to the following address: HCF1179@wimedicaid.org. Providers without Internet access and e-mail may call Provider Services at (800) 947-9627 or at (608) 221-9883 to obtain a copy of the form.

TYPE OF PROVIDER FOR REQUESTED MATERIALS	QUANTITY OF PAPER COPIES (\$5.00 each)	QUANTITY OF CD COPIES (\$5.00 each)	TOTAL
All Providers			
Ambulance Providers		N/A	
Ambulatory Surgery Centers		N/A	
Anesthesiologist Assistants and Certified Registered Nurse Anesthetists		N/A	
Audiologists		N/A	
Blood Banks		N/A	
Case Management Providers		N/A	
Child/Adolescent Day Treatment Providers		N/A	
Child Care Coordination Providers		N/A	
Chiropractors		N/A	
Community Support Programs		N/A	
Crisis Intervention Providers		N/A	
Day Treatment/Medical Providers		N/A	
Day Treatment/Substance Abuse Providers		N/A	
Dentists		N/A	
Family Care Guide			
Family Planning Clinics		N/A	
HealthCheck Providers Case Management		N/A	
HealthCheck Providers Screening		N/A	
Home Health Agencies Home Health		N/A	
Home Health Agencies Respiratory Care		N/A	
Hospice Providers		N/A	
Hospitals		N/A	
Independent Labs		N/A	
Individual Medical Supply Providers		N/A	
Managed Care Guide		N/A	
Master's Level Psychotherapists		N/A	
Medical Equipment Vendors		N/A	
Mental Health/Substance Abuse Clinics Board owned and operated		N/A	
Mental Health/Substance Abuse Clinics Non-Board owned and operated		N/A	
Nurses in Independent Practice Nursing		N/A	
Nurses in Independent Practice Respiratory Care		N/A	
Nurse Midwives		N/A	
Nurse Practitioners		N/A	
Nurse Practitioners/Nurse Midwives		N/A	

TYPE OF PROVIDER FOR REQUESTED MATERIALS	QUANTITY OF PAPER COPIES (\$5.00 each)	QUANTITY OF CD COPIES (\$5.00 each)	TOTAL
Nurse Practitioners/Respiratory Care		N/A	
Nursing Homes		N/A	
Occupational Therapists		N/A	
Ophthalmologists (will also receive vision and physician publications)		N/A	
Opticians/Optometrists		N/A	
Personal Care Agencies		N/A	
Pharmacy (will also receive paper copies of medical equipment vendor publications)			
Physical Therapists		N/A	
Physician Assistants		N/A	
Physicians		N/A	
Physicians — Psychiatrists		N/A	
Physicians — Pathologist/Radiologist/Nuclear Medicine		N/A	
Podiatrists		N/A	
Portable X-Ray Providers		N/A	
Prenatal Care Coordination Providers		N/A	
Psychologist, Ph.D.		N/A	
Rehabilitation Agencies		N/A	
Respiratory Therapists		N/A	
Rural Health Clinics		N/A	
School-Based Services Providers		N/A	
Specialized Medical Vehicle Providers		N/A	
Speech and Hearing Clinics		N/A	
Speech-Language Pathologists		N/A	
Therapy Groups		N/A	
Handbook Binder (each binder is \$4.00)		N/A	
	TOTAL PURCHASES		
	SUBTOTAL		\$
Tax Exempt Number (if applicable)	5% State Sales Tax		\$
	County Sales Tax (if applicable)		\$
	TOTAL ENCLOSED		\$
	Note: Some counties have imposed a county sales tax of 1/2%. Please indicate the name of your county in the space provided below.		
	County		

Return order form and check or money order made payable to Wisconsin Medicaid (including State and County Sales Tax) to:

Wisconsin Medicaid
 Provider Maintenance
 6406 Bridge Rd
 Madison WI 53784-0006

MAILING ADDRESS INFORMATION

Name — Company or Organization	Name — Person Ordering Materials
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Mailing Address			
City	State	Zip Code	Telephone Number (including area code)